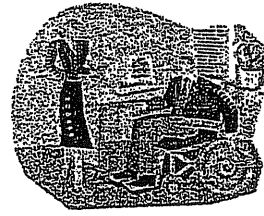


**Governor's Council  
on Developmental Disabilities**

*Working Toward One Community for All Arizonans*

# **Five Year State Plan 2007-2011**

## **Employment**



### **Goal:**

**All individuals with developmental disabilities will have the choice to acquire, retain and advance in paid employment with benefits consistent with their interests, abilities, and needs, including supported employment or self-employment, in integrated settings in the community.**

**Objective 1)** By 2011, 100 individuals with developmental disabilities with the most significant barriers to employment will have jobs with employers as a result of the implementation of best practices

**Objective 2)** As circumstances dictate, the Governor's Council on Developmental Disabilities will advocate for the Rehabilitation Services Administration, Vocational Rehabilitation program to receive the state funding needed each year to access the full amount of federal funding available to Arizona for employment supports and services

## **Education**



### **Goal:**

**All individuals with developmental disabilities, from birth up to the age of 22, will have full access to a free and appropriate public education which includes all of the supports necessary to allow for equal participation within their community.**

**Objective 1)** Schools will receive the state funding needed each year to provide special education services to students with developmental disabilities

**Objective 2)** By 2011, 500 students with developmental disabilities, parents and/or family members representing three unserved and underserved populations of the state will utilize information they receive about their rights, responsibilities and protections under federal and state special education laws and regulations to advocate for special education services and supports.

## Housing



### **Goal:**

**All individuals with developmental disabilities will have unrestricted opportunities and choice for inclusive community living.**

**Objective 1)** By 2011, five single family home developers in Arizona, including one developer that serves at least one unserved or underserved community, will incorporate visitability and universal design concepts in their planning and development efforts

**Objective 2)** By 2011, 1000 people with developmental disabilities and/or their family members will be informed of and access Arizona's affordable, accessible rental housing search services offered by Socialserve



**This objective has been partially completed.**

## Health Care



### **Goal:**

**All individuals with developmental disabilities will have access to and use of coordinated health, dental, behavioral health and other human and social services, including prevention activities, in their communities.**

**Objective 1)** By 2011, all Medicaid-eligible ALTCS adults with developmental disabilities will have access to preventative dental care services

**Objective 2)** By 2009, individuals with developmental disabilities and their family members, including those from unserved and underserved communities, will be able to access, in one place, information about the social services and other community resources for which they are eligible

☒ This objective will be partially completed by September 30, 2008.

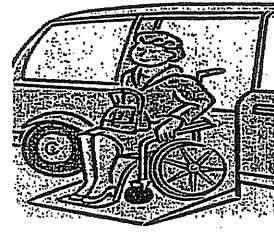
**Objective 3)** By 2008, 200 students graduating from Arizona medical schools and health care professionals will have the information that they need to provide services to individuals with developmental disabilities

☒ This objective is scheduled to be completed by September 30, 2008.

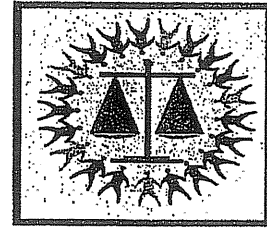
## Transportation

### **Goal:**

**All individuals with developmental disabilities will have choice and options for safe, affordable, reliable and coordinated transportation services for work, school, medical, and personal needs.**



**Objective 1)** By 2011, 25 individuals with developmental disabilities and family members, including 15 from unserved and underserved communities, will be supported to actively participate in existing groups to assess current transportation needs for people with developmental disabilities and identify and implement solutions that address the needs of individuals with developmental disabilities statewide



## **Quality Assurance**

### **Goal:**

**The service system will be fully responsive to individuals with developmental disabilities.**

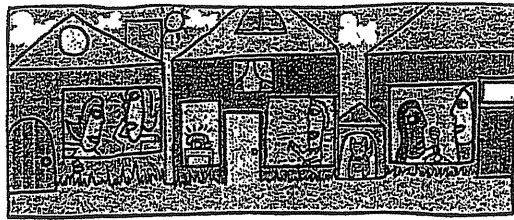
**Objective 1)** By 2011, the State of Arizona will develop and implement a standardized training and curriculum for direct support professionals serving people with developmental disabilities, which seeks to further professionalize the field of direct support

**Objective 2)** By 2011, 500 individuals with developmental disabilities and/or family members or guardians of individuals with developmental disabilities will direct and have control over the individualized budget and services that they receive from the Division of Developmental Disabilities

**Objective 3)** By 2010, the Self Advocacy Coalition of Arizona will be a non-profit organization and independently financially sustained

**Objective 4)** By 2011, 50 people with developmental disabilities, including individuals from unserved and underserved communities, will be active participants in cross-disability and culturally diverse leadership coalitions as well as locally-based boards and commissions, such as housing boards and youth leadership coalitions

**Objective 5)** By 2011, the State of Arizona will ensure that day treatment and training programs funded by the Division of Developmental Disabilities are monitored for compliance with quality of life standards as well as compliance with health and safety standards



## **Community Supports**

### **Goal:**

**All individuals with developmental disabilities will be valued participating members of their community and will have access to the full range of community services and supports.**

**Objective 1)** By 2011, 50 individuals with developmental disabilities will receive supports to transition out of secure care settings and will remain in the community for a minimum of two years without re-offending

☒ **This objective will be partially completed by September 30, 2008.**

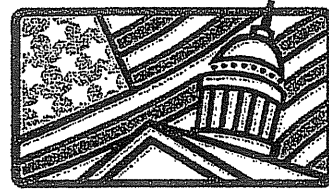
**Objective 2)** By 2008, 500 first responders will have the information that they need to support people with developmental disabilities in emergency situations

☒ **This objective is scheduled to be completed by September 30, 2008.**

**Objective 3)** By 2011, all people with developmental disabilities who have the capacity to vote will be afforded the opportunity to do so

**Objective 4)** By 2011, 200 people with developmental disabilities and their family members will access an established full service network, including legal professionals, that is qualified to provide the information and support necessary to prepare for the life transitions that take place as individuals age

## **Cross Cutting**



### **Goal:**

**Members of the general public and policymakers, statewide, will be educated about issues impacting the lives of individuals with developmental disabilities and be informed about the Council's initiatives.**

**Objective1)** By 2011, 100 local, state and federal policymakers will be educated about issues affecting the lives of individuals with developmental disabilities and will be informed on the Council's initiatives

**Objective 2)** By 2011, 5,000 members of the general public, including individuals from unserved and underserved communities or populations, will be educated about the ways in which individuals with developmental disabilities contribute to community life, issues affecting the lives of individuals with developmental disabilities, and Council initiatives

---

**The Council has many opportunities for members of the community to participate in Council-sponsored projects. If you are interested in participating in some of the projects mentioned, please contact the Council office.**

**1-866-771-9378 (Voice)  
602-277-4986 (Voice)  
602-277-4949 (TTY)  
602-277-4454 (Fax)**



## Section III: Comprehensive Review and Analysis

### A. Prevalence of Developmental Disabilities in the State

1. Estimated number of people with developmental disabilities living in the State: 117,000

2. How estimate was created: a. National prevalence rate (Gollay, 1.8%)

If Other, please describe:

**B. Environmental Factors Affecting Services.** Describe how economic, social, political, and litigative factors effect persons with developmental disabilities and their families in the State. Attempt to limit each field to one topic and provide a topic heading appropriate to your State. For each topic you need not use the entire 2,000 characters nor do you need to use all 4 topics:

#### Environmental Factors Topic 1:

**Economic Factors:** While Arizona continues to be the second fastest growing state in the nation, the State has continued to face budget constraints relative to the challenges of a declining economy. In FY07-08, Arizona's per capita personal income growth rate decreased nearly 7% ranking the State 50th in the nation, foreclosure filings increased nearly 127% earmarking one in every 201 Arizona properties for a foreclosure filing, and the State's General Fund shortfall, as a percentage of the budget, is among the highest in the nation (deficits estimated at \$1.2 billion in FY08/projected \$2 billion for FY09). Current non-farm employment, 2.7 million, represents a (1.0) % decline in jobs since the peak in 12/06. Home prices have declined over 20% and consumer confidence is at the lowest level since 1992. The Corporation for Enterprise Development recently gave Arizona an overall grade of F on its economic report card as a state with disparity relative to the distribution of wealth, ranking among the top 20 states with the largest income gap between the top and bottom fifths of families. Gaps in Arizona's health care safety net increases the precarious financial situation of low income families, ranked 45th in employer sponsored insurance, 47th in uninsured low income children, and 45th in low income parents without insurance. In 2005/2006, participants who attended the twenty-six Council sponsored community forums held statewide mentioned critical concerns for individuals with developmental disabilities such as: low wages, high unemployment and poverty, and lack of meaningful job opportunities, affordable housing, services, and transportation. These factors have been exacerbated, especially due to the significant shift in the economic situation and state budget constraints in Arizona as mentioned above. Public comments received currently indicate that primary concerns are focused on not compromising existing services for individuals with developmental disabilities.

#### Environmental Factors Topic 2:

**Social Factors:** Arizona ranks sixth in size among the 50 states, with a total area of nearly 114,000 square miles. The population of Arizonans age 50 and over represents 31% of the State's population. Coupled with a growing segment of aging adults, the senior population age 65 and over is increasing relative to other population age groups and creates increased need for medical care and support, including long-term care services. Additionally, 30% of Arizona's population is Hispanic, nearly double the national average, which can present language challenges sometimes resulting in delays and difficulties in accessing appropriate services. According to the 2007 U.S. Census, Arizona has the second highest number of Native Americans of any state, with 21 tribal governments within Arizona's borders, serving approximately 300,000 tribal members. While gaming opportunities on tribal lands have improved the economic environment for some of Arizona's Native American tribes, many tribal areas, particularly in rural or remote areas, continue to experience high levels of poverty and other social afflictions. Many of Arizona's Native American population do not have access to state programs and services. Arizonans with developmental disabilities, particularly those in rural areas, face a myriad of challenges due to the sheer size of the state. Attendees at the Council's community forums discussed obstacles related to the availability of service providers, the need for a network of professionals to assist in effectively planning for the future, lack of employment opportunities in remote regions, lack of transportation to assist in getting to critical services, and the increase in the aging population (both disabled and non-disabled) and the stress that this has placed on the

human service system overall. Also, barriers faced by individuals with different cultural backgrounds underscores the need for services and materials that are both culturally and linguistically competent.

#### **Environmental Factors Topic 3:**

**Political Factors:** The Arizona State Constitution prohibits all individuals under guardianship from voting (as a result of being adjudicated incapacitated) regardless of their capacity to understand the electoral process. While individuals who participated in the Council's community forums indicated that they want to participate in the political process, including meeting with elected officials and advocating for better services, they verbalized frustration with limitations that have been placed on political participation. Forum attendees stated that, although their own state representatives tend to be supportive of disability-related issues, their support does not always translate into change at the state level, primarily because disability-related issues tend to take a backseat to other issues such as immigration and economic development. Accordingly, the Council has developed a highly effective public policy initiative as a means of facilitating support and effectual advocacy for self advocates at the local, state, and federal levels of governance. Despite the previously mentioned economic decline impacting the FY 08/09 State budget, the Council in partnership with self advocates successfully advocated to preserve in the FY08 Budget solution crucial health and human services that individuals with disabilities depend on. While overall funding for the most critical services was preserved in the approved FY09 Budget, there were some disappointing funding reductions including the Preventive Dental Program and Social Security Disability Insurance-Temporary Medical Coverage program. Respondents to the Council's previous telephone survey, and community forum participants expressed serious concern about inadequate funding and the trend toward cutting rather than enhancing current services, and urged the Council to prioritize advocacy for additional funding for special education services, employment support services and targeted health care services.

#### **Environmental Factors Topic 4:**

Arizona does not have any pending litigation pertaining to institutions for people with developmental disabilities or waiting lists for services. Two class action lawsuits, one involving access to incontinence briefs for children under age 21 and one involving Medicaid notice and appeal rights, were recently settled. One ongoing class action involving provision of all authorized attendant care services for those living in the community, was recently remanded by the US Court of Appeals to the Arizona District Court. Ball v. Rodgers case about the duty of the state Medicaid agency to provide all the attendant care services authorized in a Medicaid long-term care service plan has the potential to significantly impact individuals served by the State DD agency. On July 17, 2007 the Ninth Circuit ruled that Medicaid beneficiaries can sue in federal court to enforce two provisions of the federal Medicaid statute which provide Medicaid beneficiaries with disabilities the right to choose to get necessary health care at home and community based settings rather than in institutions. In Ekloff v. Rogers the U.S. District Court in Tucson held that the state Medicaid agency must provide children under age 21 with medically necessary incontinence briefs and reimburse parents for out-of-pocket expenses for privately purchasing needed briefs. Price v. Rodgers case challenging the content of the Notices of Action issued by Medicaid health plans was settled in March 2008, resulting in the 48,000 DDD members who are also enrolled in Medicaid now receive notices that explain denials and changes in services which will help them better understand how to file an appeal to protect their rights to needed services. The Ball and Ekloff cases have the potential to alleviate issues related to the provision of adequate in home care services and incontinence supplies and could lay the groundwork for other cases related to service provision for people with developmental disabilities in Arizona.

**C. The State Service System(s): [Section 124(c)(3)].** Provide a summary of the results of the Councils review and analysis of the State service system for people with developmental disabilities. Include reference to relevant interagency initiatives and any specific eligibility barriers to services. Attempt to limit each field to one topic and provide a topic heading appropriate to your State. You need not fill the entire field of 2,000 characters nor use all 6 topics.

#### **Service System(s) Topic 1:**

**Note:** See attachment entitled, "State Service Systems" for a listing of all topics identified and corresponding narratives. Division of Developmental Disabilities The Arizona Department of Economic Security, Division of Developmental Disabilities (DDD) is the primary provider of services for individuals

with developmental disabilities in Arizona. In order to receive services from the DDD, an individual must: 1) be a resident of the state of Arizona; 2) voluntarily apply for services; 3) be at risk of having a developmental disability (up to age six) or have a diagnosis of epilepsy, cerebral palsy, cognitive disabilities or autism (over the age of six); 5) have experienced the onset of disability prior to the age of 18; and, 6) have substantial functional limitations in three of the seven major life areas. Currently: fō 29,192 people are eligible for services from the DDD. fō 3,511 infants and toddlers are eligible for early intervention. fō 29,192 individuals with developmental disabilities were served by the DDD as of 6/30/08 - fō 24,432 people who receive service from the DDD live in their own home or with their family.

**Service System(s) Topic 2:**

**Projects Aimed at Enhancing the Control of Individuals with Developmental Disabilities and Improving Services** The Centers for Medicare and Medicaid Services awarded a \$500,000 Real Choice Systems Change Grant for Person-Centered Planning Implementation to the Arizona Department of Economic Security's Division of Developmental Disabilities. The three-year project, which began on September 30, 2007, will create the Person-Centered Planning Model Program for youth ages 16 to 22 that are in transition from school to adult living in Southern Arizona. Person-centered planning is a process, directed by an individual with a disability with help as needed, to identify personal goals for living in community settings and accessing formal (paid) and informal (non-paid) services to achieve those goals. The intent of the project is to prepare youth who have developmental disabilities and their families to exercise choice and to make decisions on their living arrangements, work life, social networks and services. The Division collaborates with the Sonoran University Center of Excellence in Developmental Disabilities (UCEDD) at the University of Arizona to manage and carry out the activities of the project. The Division and UCEDD will partner with one school district in each targeted county (Casa Grande Union High School District, Sierra Vista Unified School District, and Tucson Unified School District); the State regional behavioral health authority in each county (Cenpatico, Community Partnership of Southern Arizona, and Pinal Gila Behavioral Health Authority); the Arizona Department of Economic Security's Rehabilitation Services Administration; and community providers of young adult training and education (Community Provider of Enrichment Services, Inc., DIRECT Center for Independence, and Pilot Parents of Southern Arizona).

**Service System(s) Topic 3:**

**Redesign of Arizona's Early Intervention System** The Department of Economic Security, through the Arizona Early Intervention Program (DES/AZEIP), initiated a phase-in of the Redesign team-based model of early intervention services. This phase-in will enable the Department of Economic Security to evaluate the efficacy of the program design and make necessary changes before full implementation statewide. Phase 1 has been implemented in Maricopa, Yuma, Navajo, and Apache Counties for children (a) referred to AZEIP and (b) children eligible for AZEIP, but not the DES, Division of Developmental Disabilities (DES/DDD) or the Arizona State Schools for the Deaf and the Blind (ASDB). Services previously provided by DES/AZEIP Initial Planning Process contractors and DES/AZEIP ongoing contractors in these four counties transitioned to the new team-based service contractors in the Spring of 2008.

**Service System(s) Topic 4:**

**Aging and Disability Resource Center** On October 1, 2005, the Arizona Department of Economic Security and the Arizona Health Care Cost Containment System received a grant from the Centers for Medicare and Medicaid Services and the Administration on Aging to establish an Aging and Disability Resource Center (ADRC). One of 43 states to receive this grant, AZ Links was created to serve as a single, coordinated system of information, access and assistance for persons seeking long-term care support services and other related social and financial services, both public and private. AZ Links established a website to provide information, assistance and access through a web portal with online tools and physical sites, as well as via phone inquiry. AZ Links has been piloted in one urban and one rural county, Maricopa and Mohave. Each region has formally established a regional partnership to serve the aging and disabled populations, including the DES Division of Aging and Adult Services, DES Division of Developmental Disabilities, Statewide Independent Living Centers, and Arizona Health Care Cost Containment System. The AZ Links project has developed a screening tool to assess individual needs for long-term support services for older adults and persons with developmental or physical disabilities. This Screening Tool facilitates appropriate referrals and

expedites service delivery. It also connects individuals to various on-line assistance sites and resources that are currently available to Arizonans, such as the Benefits Check-up Program.

**Service System(s) Topic 5:**

**Service System(s) Topic 6:**

**D. Community Services and Opportunities.** Provide a summary of the extent to which community services and opportunities related to the areas of emphasis directly benefit individuals with developmental disabilities. Include information on assistive technology/services and rehabilitation technology, current resources and projected availability of future resources to fund services, and health care and other supports and services received in ICF(MRs) and through Home and Community Based Waivers.

The Arizona Technology Access Project enhances access to assistive technology (AT) thru device demonstration, short term equipment loans, equipment exchange, financial loan programs for acquisition, and training modules/information for AT in students' transition planning and people with disabilities/family members and others in transitioning to community living environments. School districts are now required by law to purchase textbooks only from vendors offering textbooks in accessible formats. Most individuals receiving services from the Division of Developmental Disabilities live in their own home or with family. There are significant challenges in providing quality home/community based services, i.e. not enough direct support professionals to provide home-based care to individuals with dd. A committee is addressing recruitment/retention issues for direct support professionals, developed a training curriculum for direct support professionals and is looking at other ways to promote and further professionalize the field of direct care. Despite the fiscal crisis, disability advocates preserved overall funding for critical health and human services in the FY08 and FY09 Budgets. In the FY09 Budget, additional funding allocations were secured for State Medicaid system caseload /capitation growth and Arizona Early Intervention Program despite the projected \$2 billion shortfall. The Council helped get a formulary change for Special Education services w/Group B Special Education continuing to be fully funded in 2008. Disability advocates continue advocating for the preservation of critical health and human services for individuals with disabilities and for reinstatement of funding for the Preventive Dental Care Program. Arizona has a network of numerous community service organizations supporting individuals with dd such as 13 parent-led community action teams, Governor's Council on Head and Spinal Injuries, Raising Special Kids, and Arizona Disability Advocacy Coalition.

**E. Waiting Lists** Provide the name of the waiting lists in your state and the number of the individual with developmental disabilities on those lists.

Waiting List	Waiting List Name	Number
List: 1	DDD Medicaid Children	2,949
List: 2	DDD State Only Children	694
List: 3	DDD Medicaid Adults	289
List: 4	DDD State Only Adults	134
List: 5	VR Long Term Supported Employment	131
List: 6	VR Order of Selection	0

**Waiting list narrative.** Provide a brief review of the waiting lists in your state.

The Arizona Department of Economic Security (DES), Division of Developmental Disabilities wait list includes individuals waiting for one or more services by age. The wait list includes individuals who are unserved or underserved and are eligible for services provided through state general funds, or the long term

care system, Medicaid, a duplicated count. An individual on the waiting list does not necessarily mean that the individual is not receiving services. Consumers on the waiting list include consumers authorized for a number of units and providers are available to provide only a portion of those units; and consumers receiving services from one provider because their first choice of provider was not available, but who have asked to be put on the waiting list for the preferred provider. Also the waiting list includes consumers who have chosen to be placed on the waiting list, such as consumers or families who have chosen not to use an available provider; or who have made a specific request for a provider and there is no current opening in that provider's capacity. An alternative service may be provided while the individual waits for a specific service and/or while the capacity of the provider network increases. Barriers include the lack of sufficient state general funds for state only funded consumers and the shortage of qualified related service personnel, i.e. physical, occupational and speech therapists. DDD continues to address these and related issues statewide. There are no Medicaid-eligible DDD consumers on the waiting list as a result of lack of funding for needed services. The DES Vocational Rehabilitation (VR) program has two wait lists, including a list of individuals waiting for long term supported employment services to maintain employment and individuals waiting for general services who did not meet the order of selection criteria (individuals who require the least amount of support services for competitive employment). 131 individuals are waiting for long term supported employment services. At least 61 of those individuals have a developmental disability as defined by the state of Arizona. There is no longer a waiting list for order of selection, as all categories are currently open. The lack of sufficient state general funds is the primary barrier to employment support services, particularly long term supported employment services. VR is addressing this issue through the identification of alternative service provisions or funding.

#### **F. Unserved and Underserved Groups:**

**1. List and describe racial/ethnic groups that may be unserved/underserved and describe the barriers to their receipt of supports and services. You may identify barriers specific to a particular racial/ethnic group you have selected, (150 characters), identify general, overall barriers applicable to all racial/ethnic groups selected, or both.**

✓	Asian	<b>Barrier:</b> Reluctance to access services due to cultural stigma regarding disability and the insular nature of Asian communities
	Black or African American	<b>Barrier:</b>
✓	Hispanic/Latino	<b>Barrier:</b> Language barriers for monolingual Spanish speaking families and the fear of discovery of family or individual's immigration status
✓	American Indian or Alaska Native	<b>Barrier:</b> Remoteness of most reservations and complicated relationships between tribal and state law as well as poverty and lack of access to technology
	Native Hawaiian or other Pacific Islander	<b>Barrier:</b>
	White	<b>Barrier:</b>
	Multi-cultural (identifying with more than one of the above)	<b>Barrier:</b>

**General racial/ethnic barriers:**

General racial/ethnic barriers include language barriers (Native American, Spanish and Asian languages) and issues pertaining to cultural sensitivity (i.e. identification of cultural brokers, communal structures).

**2. List and describe any other unserved/underserved group(s) and describe the barriers that impede full participation of this group(s). Examples of such groups are religious groups, rural populations, those excluded from eligibility for particular services, particular types of disabilities)**

1. ✓	<b>Group:</b> Individuals Who Do Not Qualify for State Services	<b>Barriers:</b> The Division of Dev. Dis. follows a more restrictive state definition of DD and serves 29,192 out of the approx. 117,000 Arizona DD population
2. ✓	<b>Group:</b> Individuals Who Live in Remote Areas	<b>Barriers:</b> Individuals in Arizona's rural communities often lack access to transportation, services, employment opportunities and technology.
3. ✓	<b>Group:</b> Individuals With Multiple Disabilities	<b>Barriers:</b> Disagreements about which agency is responsible for providing services and inconsistent licensure requirements inhibit coordinated service delivery
4.	<b>Group:</b>	<b>Barriers:</b>
5.	<b>Group:</b>	<b>Barriers:</b>
6.	<b>Group:</b>	<b>Barriers:</b>
7.	<b>Group:</b>	<b>Barriers:</b>
8.	<b>Group:</b>	<b>Barriers:</b>

**General barriers:**

General barriers include access to service systems and a lack of direct support professionals to provide individualized services.

**G. Rational for Goal Selection [Section 124(c)(3)(E)]: Provide a summary as to how the information in public forum and comprehensive review and analysis was utilized to develop the Council's goals and objectives.**

The Council developed the initial draft plan in May 2006 with public input from 26 community forums and a telephone survey. Council members reviewed a summary of statewide themes. Areas of emphasis prioritized were employment, education, housing, health care, transportation and community supports. The Council also incorporated quality assurance and cross cutting to ensure the Council reflects the support of a state self advocacy organization, leadership training, and supporting the participation of individuals with developmental disabilities in cross-disability and culturally diverse leadership coalitions; and to reflect the Council's ongoing policymaker education and outreach activities. Staff drafted a plan with objectives addressing all the themes. The Council reviewed and amended the draft plan to ensure that each objective furthers the mission of the Council; is advocacy, capacity building and/or systemic change; promotes independence, productivity, inclusion and integration; contributes to cultural diversity/competency; serves/supports individuals with developmental disabilities and family members in unserved/underserved communities; and provides collaborative opportunities with community partners. The draft plan was disseminated for public comment; over 450 individuals responded. An overwhelming majority indicated the

goals and objectives in the plan were responsive to their community. Many made additional suggestions and recommendations. The Council responded to every point of the public input by deliberating on the suggestions. Following is a brief summary of the public comment as well as examples of how the Council responded before adopting the final draft plan in July 2006: \*The objectives be more outcome-based: Example, employment objective 1 was revised to capture the no. of individuals who will obtain employment of their choice due to the Council's effort. \*The Council increase performance target numbers or move up the projected year of accomplishment: Example, the performance target no. in community supports objective 2 was increased from 200 to 500; also, while the recommendation was to move up the projected year of accomplishment in health care objective 1, the Council chose not to amend the plan because of prior knowledge of the multiple steps/strategies necessary to implement the objective/accomplish related outcomes. \*The Council define or clarify language that may not be familiar to the general public: Example, statutory specific language in education objective 1 was replaced with language that was more understandable to the public. \*The Council identify in the objectives that unserved/underserved communities and populations will be targeted for implementation strategies and activities: Example, transportation objective 1 was amended to target a specific no. of individuals to be provided support to advocate for transportation in unserved/underserved communities. \*The Council delete objectives that are the responsibility of or are activities being pursued by other parties/organizations: Example, an objective related to informing teachers/prospective teachers on how best to support students with developmental disabilities to realize their full potential in/outside of the classroom was deleted because this is a responsibility of the Arizona Department of Education. The Council decided to keep 2 other objectives in the plan thought to be the responsibility of other entities in order to pursue innovative demonstration projects. \*The Council consider whether or not some objectives may be too unrealistic to pursue: Example, housing objective 1 was amended to reflect advocacy, not statewide systemic change. \*The Council consider issues not addressed in the plan: Example, the Council received a number of responses identifying concerns over the lack of monitoring of day treatment and training programs funded by the Division of Developmental Disabilities, so the Council added an objective under quality assurance.